

Name In Full *Charles H. Allen*

Town *Keene de Grace* County *Harford Co* MARYLAND

Died at *Keene de Grace Harford Co*

Date 1902 *8 - 13* Month *8* Day *13* Age *53.2.8* Y. *53* M. *2* D. *8* Native of *Penna* Occupation *Mechanic*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☒ Widower ☐ Divorced ☐ Number of children living *7*

Husband of *104*

Wife *104*

Father's Name *Isaac Allen* Mother's Name *Mary Kelley* Maiden Name *Mary Kelley*

Cause of Death { Primary *Acute Indigestion* Immediate *Heart failure* How long sick *14 hours* Accident, Suicide, Homicide ☐

Reported by *Dr. R. H. Smith*

Address *Keene de Grace Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Annos

Town

County

MARYLAND

Died at

Clermont Hills

Harford

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

8

3

Age 80

Harford

Housemaid

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

Wife of

Father's

Name

Mother's

Name

Cause of

Primary

Valvular heart disease

How long sick

Sudden

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Dr. Wm. B. Hayward

Address

Pylesville

Harford Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Slate Ridge

Name in Full

Certificate of Death

Frederick Blake

Town

Berkley

County

Harford

MARYLAND

Died at

Date

1802

Month

Aug

Day

12

Age

23

Y.

M.

D.

Native of

Md

Occupation

Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Hensley Blake

Mother's

Maiden Name

May Travis

Cause of

Primary

Phthis

Death

Immediate

Exhaustion

How long sick

3 years

~~Accident, Suicide, Homicide~~

Reported by

Ephr Hopkins M.D.  
Darlington

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

George Washington Blaney

Town

County

Died at

Rocks

Harford

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug

8

Age

59

8

14

Harford Co Md

Farmer

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

7

Husband

of

Susan Jane Nagle

Wife

Father's

Mother's

Name

William J Blaney

Maiden Name

Julia A Street

Cause of

Primary

How long sick

One year

Death

Immediate

Cancer

~~Accident, Suicide, Homicide~~

Reported by

W. L. Smith M.D.

Address

Jonestown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU, 79808





Name In Full

Certificate of Death

Died at *Forest Hill* Town *Bond* County *Harford* MARYLAND

Date 1902, Month *8* Day *11* Y. M. D. Age *10* Native of *Md.* Occupation *—*  
 Male *White* Married *Widow* Divorced *—*  
 Female *Colored* Single *Widower* Number of children living *—*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Martha Bond

Town

Haviland

County

Harford CO

MARYLAND

Died at

Date 1942

Month

8

Day

6

Y.

M.

D.

Native of

Occupation

Age

38

Married

Widow

Divorced

Number of children living

None

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

3 yrs

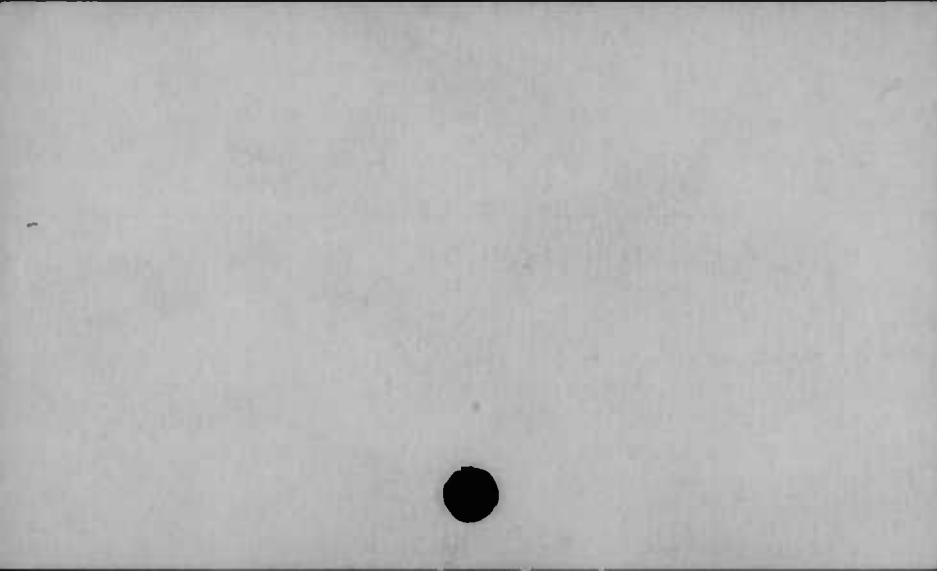
Accident Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6555



Peter Brill

Died at <sup>Town</sup> Magnolia <sup>County</sup> Harford MARYLAND

Date 1902 <sup>Month</sup> 8 <sup>Day</sup> 8 <sup>Age</sup> 74 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Germany <sup>Occupation</sup>

Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

40

Cause of Death { Primary Immediate Cancer of Stomach

How long sick 6 mo.

Accident, Suicide, Homicide

Reported by

H. Schutz F.D.

Address

Upper Face [redacted] Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Grover L. Camburn

Town

County

MARYLAND

Died at Havre de Grace

Harford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8

7

Age

6

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Mother's

Name

Not known

Maiden Name

Clara Camburn

Cause of

Primary

Improper feeding

How long sick

3 Ind

Death

Immediate

Marasmus

105

Accident, Suicide, Homicide

Reported by

J. L. Hopkins

Address

Havre de Grace

Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75008





Name in Full

Certificate of Death

*Ann Carroll*  
 Town County

Died at *Samterville* *Harford* MARYLAND

Date 1902 *Aug 10* Y. M. D. *78* Age *4-27* Native of *Wid* Occupation *Housekeeping*  
 Male *White* Married *Widow* Divorced *Widower* Number of children living *3*  
 Female *Single*

Husband of *Wm C. Carroll*  
 Wife  
 Father's Name *James Montgomery* Mother's Maiden Name *Mary Brady*

Cause of Death Primary *Atrophy of Stomach* How long sick *15 weeks*  
 Immediate *Atrophy of Stomach* Accident, Suicide, Homicide

Reported by *Dr. L. Smith M.D.*

Address *Samterville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Edna Chase

Town

County

Died at

near Levysman

Harford

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1964

Aug 28

Age

3

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

William Chase

Maiden Name

Mother's

Mary Jensen

How long sick

Cause of

Primary

Death

Immediate

Cholera Infantum

Accident, Suicide, Homicide

Reported by

Phap men Mrs.  
Perry men M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Adam Cross*

Died at *Maryland* Town *St. Louis* County *Maryland*

Date *1912* Month *Aug* Day *23* Y. *70* M. *11* D. *11* Native of *Germany* Occupation *Printer*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Single ☐ Widower ☐ Number of children living *1*

Husband of *Elizabeth Coleman*

Wife of *Anna Cross*

Father's Name *Anna Cross*

Mother's Name *Anna Cross*

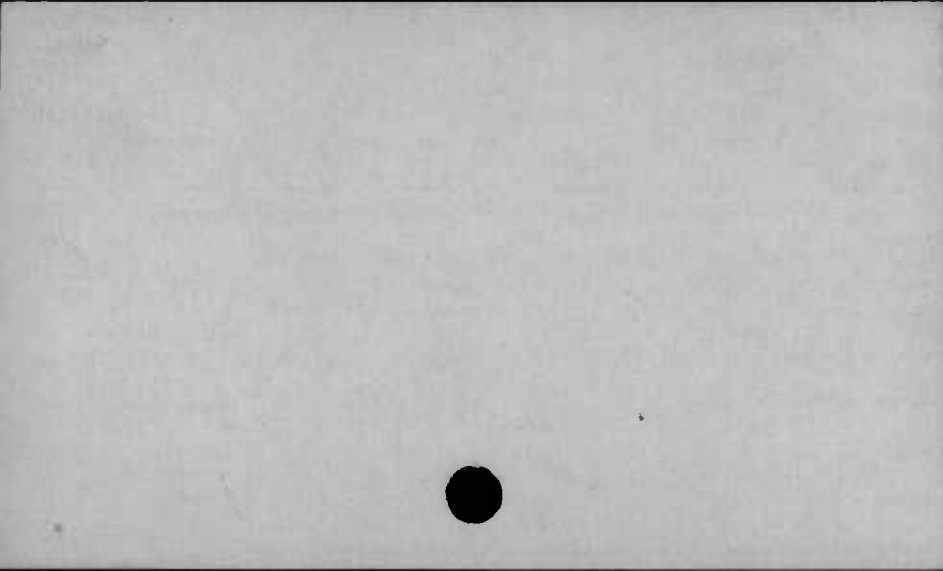
Cause of Death { Primary *Heart Failure 179* Immediate *179* How long sick *179*

Accident, Suicide, Homicide

Reported by *W. Charles E. Roth*

Address *Edgewood*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Editha. Cullen

Town

County

Died at

Stepney

Harford County

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

August 17

Age

58

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5, five

~~Husband~~

of

William Cullen

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Typhoid Fever

How long sick

5 weeks

Death

Immediate

Hemorrhage of bowels

Accident, Suicide, Homicide

Reported by

Walter B. Rowe MD

Address

Aberecun

Harford Co. Md

Must be signed by physician, if any in attendance, otherwise

by coroner, undertaker or minister.





Name In Full

Certificate of Death

Joseph Francis Butcher

Town

County

Died at Aberdeen

Harford

MARYLAND

Date 1902 Aug 30 | Age 50 | Y. M. D. | Native of | Occupation Bricklayer

Male ☒ White ☒ Married ☒ Widow ☒ ~~Divorced~~

Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living 1

Husband of

Wife

Father's Name Frank Butcher | Mother's Name Catharine Butcher

Maiden Name

Cause of Death { Primary Immediate } How long sick 3 months

Accident, Suicide, Homicide

Reported by J. H. K.

Address

St. James Sub. Reg.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Rosa E. Baulton

Died at

Belcamp

Town

County

Harford

MARYLAND

Date 19

02

Month

8

Day

25

Age

Y.

M.

D.

4

14

Native of

Ind

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Frank Baulton

Mother's

Maiden Name

Rosa Baulton

Cause of

Primary

How long sick

Death

Immediate

Dysentery 14

Accident, Suicide, Homicide

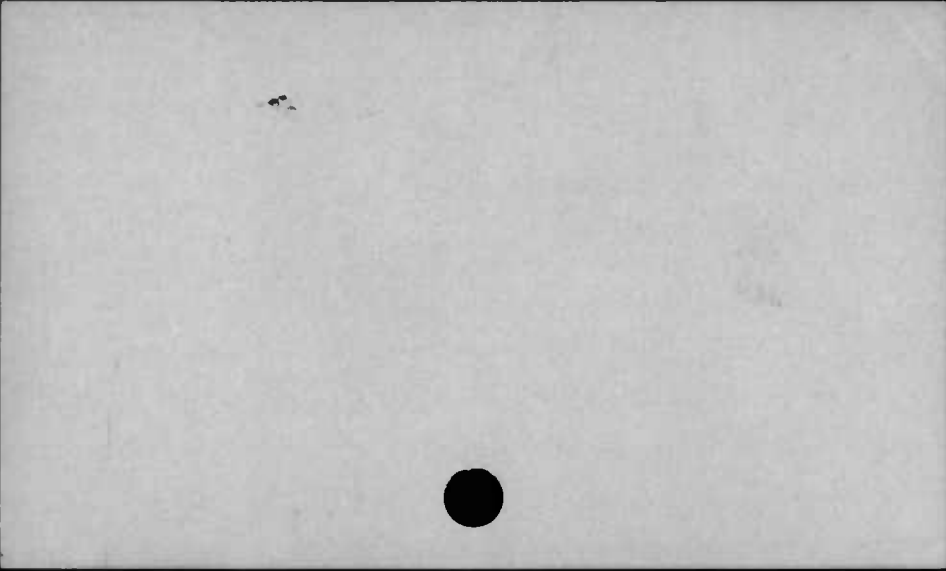
Reported by

H K McCombhas Undertaker

Address

Abingdon Harford Co Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Madalene

Wavis

Town

County

Died at Harris de Grace

Harford Co

MARYLAND

Date 1902 Aug 19

Y. M. D. 4 13

Native of

Occupation

Date 1902

Aug 19

Age

4 13

Harford Co

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
Name

Oscar S. Davis

Mother's  
Maiden Name

Maggie Campbell

Cause of

Primary

Enterocolitis

Death

Immediate

Convulsions

How long sick

2 months

Accident, Suicide, Homicide

Reported by

A. C. Brothman

Address

Harris de Grace

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Zinobia Ellett*  
 Town County

Died at

*Ellibour*

*Hayford*

MARYLAND

1902 Month Day Y M D. Native of Occupation  
 Date ~~189~~ Aug. 27 Age 11 *Hayford Co.*  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband  
 of  
 Wife

Father's Name *George Ellett*

Mother's Name *Mary Buff*

Cause of Primary *Enteritis*

How long sick *4 days*

Death Immediate

*105*

~~Accident, Suicide, Homicide~~

Reported by

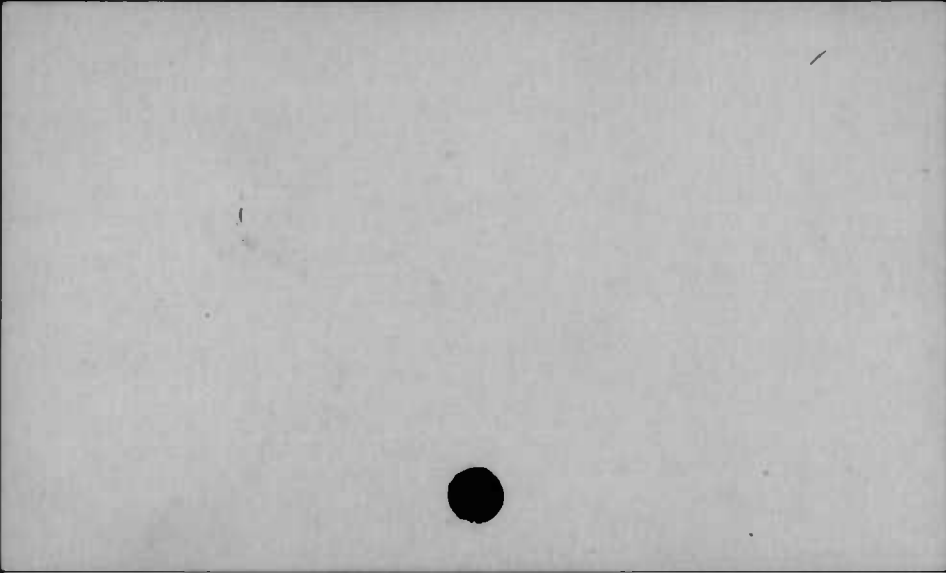
*F. L. Gibson*

*W. L. Hughes*

Address

*Gibson*

*W. L.*





Name In Full

Certificate of Death

Died at

Date 19

Flint Hill

Hill

County

Hartford

MARYLAND

Date 19

02 Aug 7

Age

Still born

M. D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Struck~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

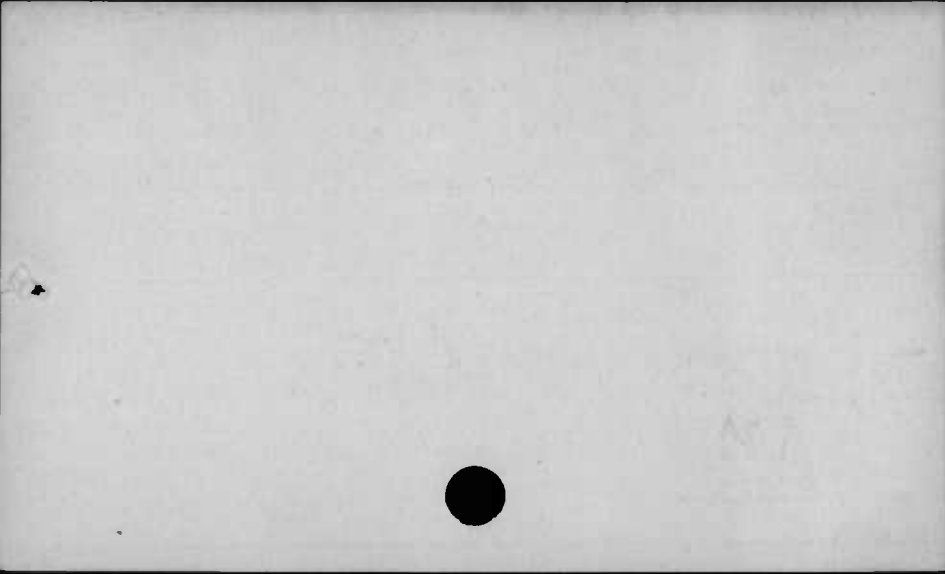
Reported by

Address

B. Warren Bowers  
Della Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



*Solomon Flemmings*  
 Town *Benson* County *Harford*

Died at *Benson* *Harford* MARYLAND

Date	1902	Month	Day	Y.	M.	D.	Native of	Occupation
		<i>Aug</i>	<i>27</i>	<i>23</i>	<i>1</i>	<i>20</i>	<i>Harford Co.</i>	<i>Labrer</i>
Male	<del>Female</del>	<del>White</del>	<del>Colored</del>	<del>Married</del>	<del>Single</del>	<del>Widow</del>	<del>Divorced</del>	<del>Number of children living</del>

~~Husband~~  
 of  
~~Wife~~

Father's Name *James Flemmings* Mother's Maiden Name *Sarah P. Anderson*

Cause of Death	Primary	Immediate	How long sick	Accident, Suicide, Homicide
	<i>Consumption</i>		<i>5 Months</i>	

Reported by *Chas. E. Humberger, Undertaker*  
 Address *Benson Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lillian Virginia Griffith

Town

County

Died at

Breckard

Hooferd

MARYLAND

Date 1912 Aug. 30

Age

7 5 1

Native of

Virginia

Occupation

Male

White

Married

Widow

Quarantined

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Silas Griffith

Mother's

Name

Ella J Griffith

Cause of

Primary

Fall on Head from Horse

How long sick

8 hours

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

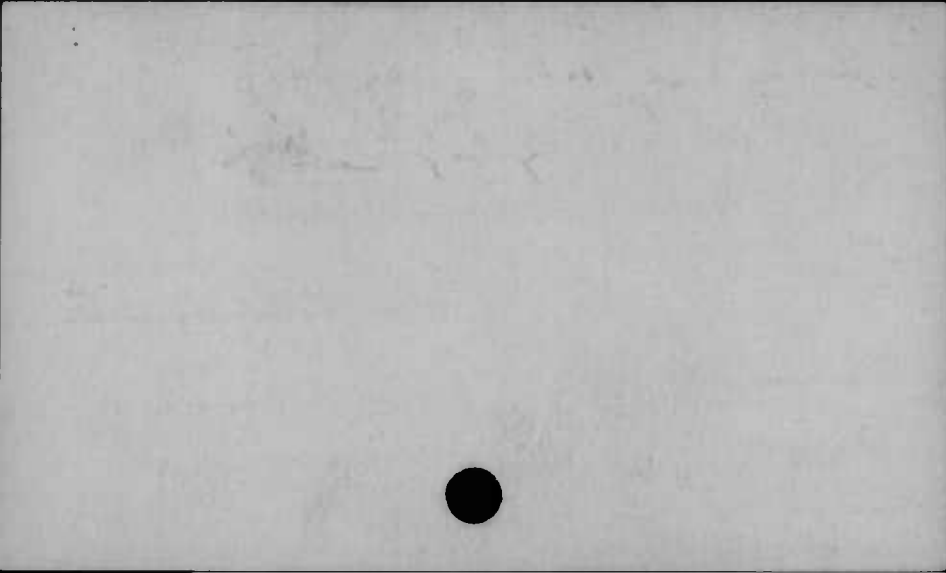
Charles Bagley M.D.

Address

Bagley, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65668



Name in Full

Certificate of Death

Bertha Hall

Town

County

Died at

Columbia

Harford.

MARYLAND

Date 1932

Month

Day

8-- 29

Y.

M.

D.

1- 7

Native of

Maryland

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Deceased~~

Female

Colored

Single

~~Widower~~

Number of children living

2

Husband  
of

Wife

Father's

Name

John. Hall.

Mother's

Name

Elihu P. Hall

Cause of

Primary

Convulsions

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

R. W. Mendenhall, M.D.  
Sella Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Sept-1st

Graders Church  
Ind.



*Anna Neise*

Town *Bell* County *Hagerford* MARYLAND

Died at *Bell* *Hagerford*

Date 19 *02* *Aug* - *7* *at* *Y.* *M.* *D.* *Germany* *Mail carrier*

Male *White* *Married* *Widow* *Divorced* *Number of children living*

*Female* *Colored* *Single* *Widower*

Husband of *Don't know* Mother's Name *Don't know*

Father's Name *Don't know* Maiden Name *Don't know*

Cause of *Primary* *19* *How long sick*

Death *Immediate* *Heart disease* *Accident, Suicide, Homicide*

Reported by *Ednae Richardson*

Address *Bell, Md* *U.S.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Oscar Howard

Died at <sup>Town</sup> Abingdon <sup>County</sup> Harford MARYLAND

Date 18 <sup>02</sup> <sup>Month</sup> Aug <sup>Day</sup> 22 Age <sup>Y.</sup> 2 <sup>M.</sup> 10 <sup>D.</sup> <sup>Native of</sup> <sup>Occupation</sup>

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widowed ~~Widower~~ Divorced ~~Number of children living~~

Husband  
of  
Wife

Father's Name Mother's Name Delmar Howard

Cause of Death { Primary Catarrhal Pneumonia How long sick 2 weeks  
Immediate 92 ~~Accident, Suicide, Homicide~~

Reported by R. Oppermann  
Address Abingdon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON



Name In Full

Certificate of Death

Howard Hudson

Died at <sup>Town</sup> Creswell <sup>County</sup> Maryland

Date 1902 Aug - 1 | Age - 1 - 15 | Native of Md | Occupation —

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒ ☒ Number of children living

Female ☒ Colored ☒ Single ☒ Widower ☒

Husband of —

Wife —

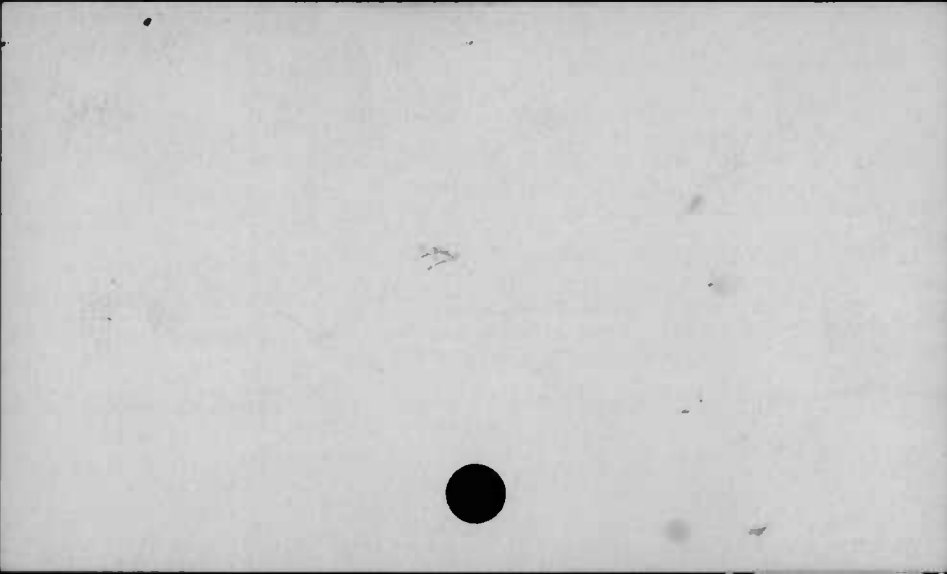
Father's Name Wm Hudson Mother's Maiden Name Alice R Oliver

Cause of Death { Primary Marasmus | Immediate Exhaustion | 105 | How long sick 5 weeks | Accident, Suicide, Homicide

Reported by Dr. J. A. Callahan

Address Creswell Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Alice M. Johnson

Town

County

MARYLAND

Died at

Mountain

Harford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8

12

Age

22

Harford

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Isiah Johnson

Father's

Mother's

Name

Isiah Johnson

Maiden Name

Cause of

Primary

Consumption

How long sick

8 mo.

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. Schuty

F. D.

Address

Upper Hall

Baik Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name In Full

Certificate of Death

*Wm Johnson*  
 Town *Havre de Grace* County *Harford* MARYLAND

Died at *Havre de Grace* *Harford* MARYLAND  
 Date 1902 *8-5-* Month *8* Day *5* Age *57* Y. M. D. Native of *Harford* Occupation *Patrol*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☒ Widower ☐ Divorced ☐ Number of children living *1*

Husband of *Jane Johnson*  
 Father's Name *Don't know* Mother's Maiden Name *Don't know*

Cause of Death { Primary *Epilepsy* Immediate *Uraemic Coma* } How long sick *Indefinite*  
 Accident, Suicide, Homicide

Reported by *J. G. Hopkins M.D.*  
 Address *Havre de Grace*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name in Full

Certificate of Death

Charles F. Lancaster

Town

County

Died at

MARYLAND

Date

1902 Aug 14 Age 21 8 18

Native of

Occupation

Md.

Labourer

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

W. E. Lancaster

Mother's

Name

Julia A. Lancaster

Cause of

Primary

Typhoid Fever

How long sick

21 days

Death

Immediate

Hemorrhage

~~Accident, Suicide, Homicide~~

Reported by

Geo. W. Davis M.D.

Address

Pleasantville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name In Full

Certificate of Death

Eddie Lee

Town

County

MARYLAND

Died at

Martin

Harford

Month Day

Y. M. D.

Native of

Occupation

Date 19

82

Aug 8

Age

4

Harford

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mrs. Lee

Mother's

Maiden Name

8

Cause of

Primary

Whooping Cough Two weeks

How long sick

Death

Immediate

Cholera Infantum

Accident, Suicide, Homicide

Reported by

Dr. F. A. Arthur

Address

Street Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name In Full

Certificate of Death

*Leech*

Town \_\_\_\_\_ County *Harford* MARYLAND

Died at *Upper X Roads*

Date 19 *02* *Aug.* *9* Month Day Y. M. D. Age \_\_\_\_\_ Native of \_\_\_\_\_ Occupation \_\_\_\_\_

~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ Single ~~Widow~~ ~~Number of children living~~

Husband of \_\_\_\_\_

Wife

Father's Name *Albert Leech* Mother's Maiden Name *Claita Stein*

Cause of Death { Primary *asthenia* How long sick *Still born*  
 Immediate *& delayed labor* ~~Accident, Suicide, Homicide~~

Reported by *Thos. H. Emory Jr., D.*  
 Address *Heads Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Jacob Livezey

Town

County

Died at Churchill

Harford

MARYLAND

Date 1902 Aug. 19

Month

Day

Age

Y.

M.

D.

Native of

Occupation

3 15

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Jacob Livezey

Mary J. Roberts

Cause of

Primary

Intestinal Inflammation

How long sick

one week

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

William J. Archer

Address

Bel Air

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Albert R. Wagner

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug

13

Age

73

Md

Carpenter

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

None

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Epithelioma

Death

Immediate

Emphysema

How long sick

25 years

~~Accident, Suicide, Homicide~~

Reported by

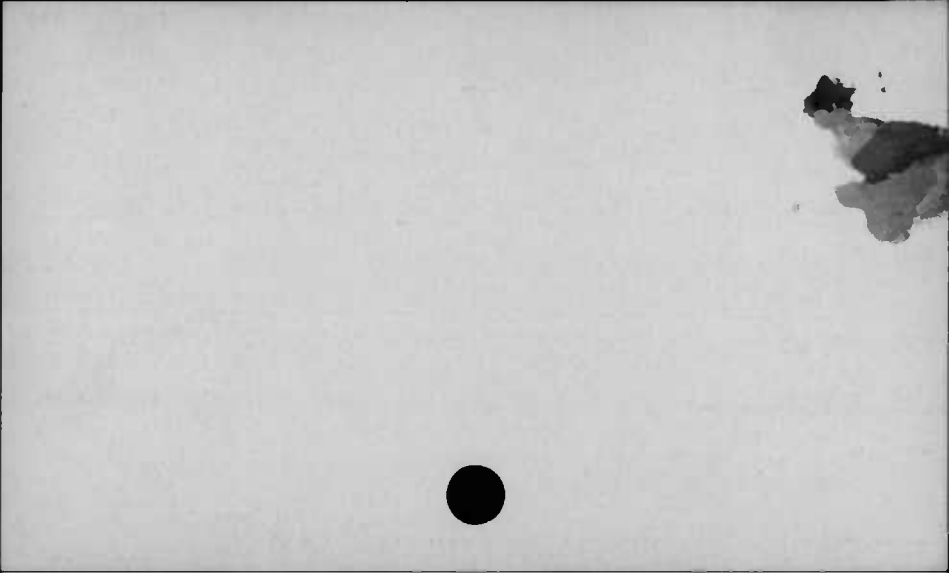
William J. Archer

Address

Bel Air

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full *Amie E. Mehri*  
 Town *Putledge* County *Hartford* MARYLAND  
 Died at *1902* Month *Aug.* Day *29* Y. *35* M. *6* D. *4* Native of *Ind* Occupation *housekeeper*  
 Date *189* Male ☒ White ☐ Married ☐ Widow ☐ Divorced ☐ Number of children living *3*  
 Female ☐ Colored ☐ Single ☐ Widower ☐  
 Husband of *John Mehri*  
 Wife *Robert Brown* Father's Name *Mary Turbarion* Mother's Name  
 Cause of Death { Primary *Pregnancy* | 38 | How long sick *one day*  
 Immediate *Puerperal Convulsions* ~~Accident, Suicide, Homicide~~  
 Reported by *James F. H. Gorsuch M.D.*  
 Address *Fork Mt.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

E. J. B. Moore

Died at

Belair

County

Harford

MARYLAND

Date

1902 Aug 6

Age

68 Y. M. D.

Native of

US

Occupation

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

11

Husband

of

~~Wife~~

Father's

Name

Laura Moore

Mother's

Name

Cause of

Primary

General Debility

How long sick

3 weeks

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

E. H. Richardson M.D.

Address

Bel Air, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1908





Name In Full

Certificate of Death

*Walter Richard Murray*

Died at *Aberdeen* Town *Starford* County *MARYLAND*

Date 19*02* *Aug* *26* Day Y. M. D. Age *7-* Native of Occupation

~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband ~~of~~  
 Wife ~~of~~

Father's Name *K. G. Murray* Mother's Maiden Name *J. R. Murray*

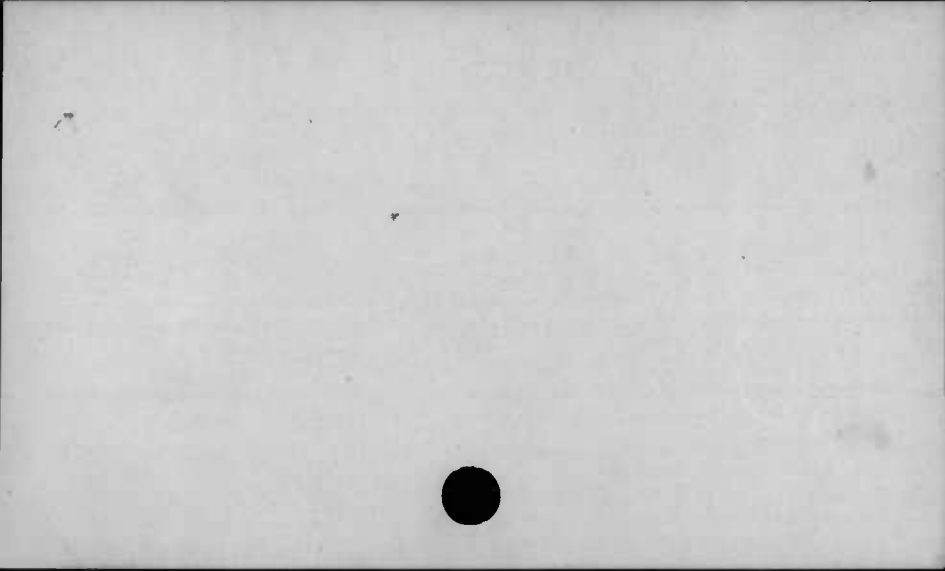
Cause of Death { Primary Immediate } How long sick *179*

~~Accident, Suicide, Homicide~~

Reported by *Henry Tarrings* Address *Aberdeen Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Rachael Peters  
 Edgewood  
 Town County  
 Maryland

MARYLAND

Died at

Date 19

1912

Aug

2

Age

~~Mature~~

Widow

~~Divorced~~

Occupation

Female

Colored

~~Single~~~~Widower~~

Number of children living

11

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Apoplexy

64

How long sick

15 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Chas E. R. M. D.

Address

Edgewood

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Martin E Pyle

Town

County

Whiteford

Harford

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

August 1

Age

4 20

Maryland

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's

Name

C A Pyle

Mother's

Maiden Name

Bertie Roberson

Cause of

Primary

How long sick

1 week

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Cholera Du Santum  
D M Bonale MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Roy Pyle  
 Died at Pylesville Harford County MARYLAND  
 Date 1902 Aug 4 Month Day Y. M. D. Age 19 Native of Maryland Occupation Farmer  
 Male White Married Widow Divorced  
~~Female~~ ~~Colored~~ Single Widower Number of children living  
 Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name Martin W Pyle Mother's Maiden Name 155 Palm Scarborough  
 Cause of Death { Primary drinking Laudium Immediate same How long sick 12 hours  
Accident Suicide Homicide  
 Reported by Vallie Hawkins M.D.  
 Address Muddy Creek Forks. Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

*Annie Richardson*

Town

County

Died at *Swan Creek*

MARYLAND

Date 19 <i>19</i>	Month <i>aug</i>	Day <i>5</i>	Y.	M. <i>8</i>	D. <i>1</i>	Native of	Occupation
<del>Male</del>	<del>White</del>	<del>Married</del>		<del>Widow</del>	<del>Divorced</del>		
Female	Colored	<u>Single</u>		<u>Widower</u>	<u>Number of children living</u>		

Husband of  
Wife

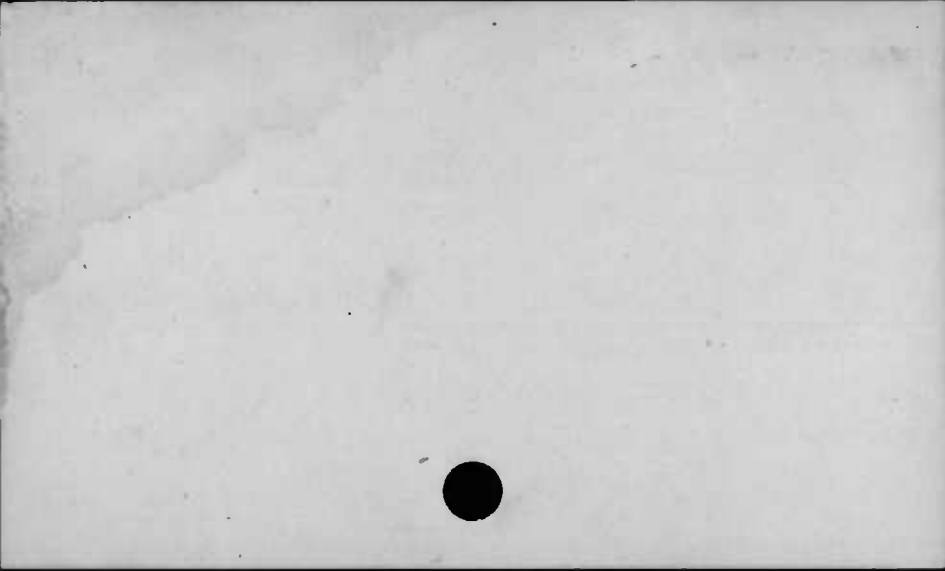
Father's Name  
Mother's Maiden Name

Cause of Death	Primary	<i>179</i>	How long sick
	Immediate		<i>3 weeks</i>
			Accident, Suicide, Homicide

Reported by *L. H. Young* *Sect. 1 Reg.*

Address *Andrews Ave*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Margaret J. Roberts

Town

County

Cardiff

Harford

MARYLAND

Died at

Date 1902

Month

Day

8 6

Age

M.

D.

8. 22

Native of

Ind

Occupation

—

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

M. W. Roberts

Mother's

Maiden Name

Ellen J. Roberts

Cause of

Primary

Pertussis

8

How long sick

Death

Immediate

Croup pneumonia

~~Accident, Suicide, Homicide~~

Reported by

M. E. Mulendy M. D.

Address

Della

Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mason G. Spencer

Died at Bethesda Dist. of Col. MARYLAND  
 Town County

Date 19 02 Aug 31 Age 14 Native of Bethesda, Md. Occupation —  
 Month Day Y. M. D.

Male ☒ White ☒ Married ☒ Widow ☐ Divorced ☐  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living —

Husband of — Wife —  
 Father's Name M. G. Spencer Mother's Maiden Name Mary S. Potolish

Cause of Death { Primary Cholera Infant. How long sick 3 days.  
 { Immediate 105 Accident, Suicide, Homicide —

Reported by E. H. [unclear]  
 Address M. S.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Thompson

Died at Cardiff <sup>Town</sup> Harford <sup>County</sup> MARYLAND

Date 19 02 July 29 <sup>Month</sup> <sup>Day</sup> Y. 70 <sup>Age</sup> M. 70 <sup>M.</sup> D. Maryland <sup>Native of</sup> — <sup>Occupation</sup>

Male White Married Widow Disorced  
Female Colored Single Widower Number of children living

Husband  
of

Wife

Father's  
Name Oliver ThompsonMother's  
Maiden Name BayleyCause of { Primary PertussisHow long sick  
3 wks.

Death { Immediate

Accident, Suicide, HomicideReported by P. Warren. PansoyAddress Delta Pq

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Ella F. Townsend

Town

County

MARYLAND

Died at

Darlington

Harford

Date

1902

Month

Day

8

2

Y.

M.

D.

Native of

Occupation

2. 27.

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Legitimate

Mother's

Name

Laura Townsend.

105

Cause of

Primary

How long sick

Death

Immediate

Cholera Infantum

Accident, Suicide, Homicide

Reported by

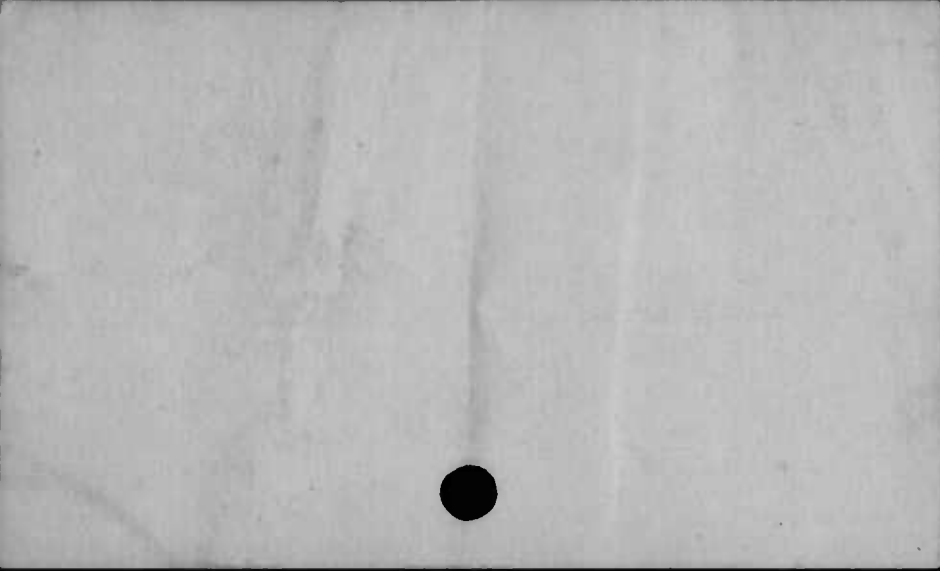
W. B. Clark, M.D.

Address

Darlington Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Certificate of Death

Died at

Date 1902

~~Male~~  
Female

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jane Warner  
Town Dublin County HarfordMonth Day  
Aug 3

Age

85

~~Married~~

Single

Y. M. D.

Native of

Md

Occupation

MARYLAND

or

Mother's

Maiden Name

30

Primary

Pott's Gangrene

Immediate

Exhaustion

How long sick

5 months

~~Accident, Suicide, Homicide~~Ephw Hopkins Md  
Darlington

LIBRARY BUREAU, 79899



Name in Full

Certificate of Death

Marian Whitford

Died at <sup>Town</sup> Cambria <sup>County</sup> Hayford MARYLAND

Date 1902 Aug 30 Age 7 Y. M. D. Native of Maryland Occupation School girl

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

Father's Name W. Scott. Whitford Mother's Maiden Name Marion J. McCoukey

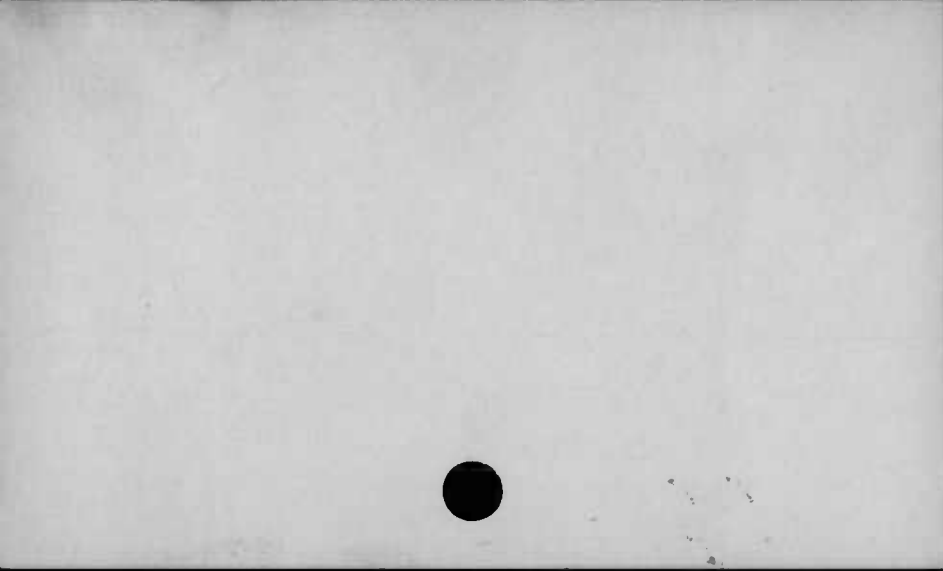
Cause of Death { Primary Calicivirus influenza How long sick 3 days  
 Immediate Enteritis  
~~Accident, Suicide, Homicide~~

Reported by R. Warren. Ramsey 10

Address Delta. Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Hannah Wright

Town

County

Died at

Newburg Pa.

Harford

MARYLAND

Date 19

02 Aug, 27

Month

Day

Y.

M.

D.

Age

84

Native of

Occupation

Maryland Housewife

Female

~~White~~~~Married~~

Widow

~~Unmarried~~~~Colored~~~~Single~~~~Widower~~

Number of children living

none

~~Husband~~

of

Wife

Father's

Name

Joshua W Wright  
Corn Amos

Mother's

Maiden Name

Cause of

Primary

Dropsy 177

How long sick

5 or 6 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

John W Porter M D  
New Park Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

